



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2008 (mm/dd/yyyy format)

Year End: 06/30/2009 (mm/dd/yyyy format)

Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8057473	Contractual Allowance	\$21924586
Outpatient Patient Service Revenue	\$37912424	Other Deductions	\$1480306
Total Gross Patient Service Revenue	\$45969897	Total Deductions	\$23404892

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$22565005
Other Operating Revenue	\$227395
Total Operating Revenue	\$22792400

4. Operating Expenses

Salaries and Wages	\$6517991	Employee Benefits	\$1899613
Depreciation and Amortization	\$739497	Interest Expense	\$285642
Bad Debt	\$3006146	Other Expenses	\$7623632
Total Operating Expenses	\$20072521		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2719879	Total Assets	\$28424832
Net Non-operating Gains over Loss	\$-1340577	Total Liabilities	\$11657497
Total Net Gains	\$1379302		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$20136170	\$10764946	\$9371224
Medicaid	\$5760540	\$5349358	\$411182
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20073188	\$5810282	\$14262906
Total	\$45969898	\$21924586	\$24045312

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$225588	\$20270	\$205318

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	900
Number of Citizens Exposed to Health Education Messages	1792

Statement Six: Charity Statement

Hospital Charity Charges	\$1480306
--------------------------	-----------

	Payments from	Less Costs to	Unreimbursed Costs
--	---------------	---------------	--------------------

	Clients	Hospital	to Hospital
Charity Care	\$0	\$544324	
HCI Payments	\$0		
Subtotal	\$0	\$544324	\$-544324
Medicaid Shortfalls	\$0	\$1707030	
Subtotal	\$0	\$2251354	\$-2251354
DSH Payments	\$0		
Subtotal	\$0	\$2251354	\$-2251354
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$-74043	
Total	\$0	\$2177311	\$-2177311

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$88235	\$-88235
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0